

**TEST # 5**

FORMS INCLUDED: 1040, FORM W2 (1), IDAHO FORM 40, 39R , Sch F, IRS4562, state 4562

First, initial and last name:	TEST M LUCKY
Social security number:	400-00-5905
Home address:	13 WINNERS CIRCLE
City, state and zip:	HORSESHOE BEND ID 83626
Do you want \$1 to go to the Presidential campaign fund:	YES
Filing status:	HEAD OF HOUSEHOLD
Dependent # 1 Name:	WANNBE LUCKY
SSN:	400-55-4008
Relationship:	Daughter
No of months:	12
Qualified child for child tax credit	X
Dependent # 2 Name:	GOTTABE LUCKY
SSN:	400-55-3008
Relationship:	Son
No of months:	12
Qualified child for child tax credit	X
Number of boxes checked on 6a:	1
Number of children claimed:	2
Total number of exemptions:	3
Line 7 Total wages:	25000
Line 8a Taxable interest:	290
Line 9 Dividend income:	76
Line 21 Other income:	1760
Line 22 Total income:	27126
Line 32 IRA deduction:	1000
Line 36 Total adjustments:	1000
Line 37 Adjusted income:	26126

**Federal Form 2441**  
**Baby Sitter**  
**101 Sitter Dr**  
**Horseshoe Bend ID 83626**  
**SSN: 123-45-6789**  
**Amount Paid: \$3,000.00**

**IDAHO OVERPAID: 2030**

**IDAHO REFUND: 2010**

**TAX APPLIED TO 2006 20**

**Taxpayers Occupations: Groundskeeper**

Test # 5

FORM W2 #1

b.	employers identifications number:	56-1234567
c.	employers name, address and zip:	THOROUGHBED FARMS 1 LICKSKILLET LANE HORSESHOE BEND ID 83626
d.	employees social security number:	400-00-5905
e.	employees name:	TEST M LUCKY
f.	employees address and zip:	13 WINNERS CIR HORSESHOE BEND ID 83626
Box 1	Wages, tips etc:	25000
Box 2	Federal Income tax withheld:	800
Box 3	Social security wages:	25000
Box 4	Social security tax withheld:	1488
Box 5	Medicare wages and tips:	25000
Box 6	Medicare tax withheld:	348
Box 16	State and ID number:	ID 568866
Box 17	State wages:	25000
Box 18	State income tax withheld:	1980

2005

IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN, check the box. ☐

See instructions, page 6 for the reasons for amending and enter the number. ☐

For calendar year 2005, or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_ **A R F W M**

PLEASE PRINT OR TYPE	Your first name and initial		Last name		Your Social Security Number (required)	
	Spouse's first name and initial		Last name		Spouse's Social Security Number (required)	
	Mailing address					<input type="checkbox"/> Taxpayer deceased in 2005
	City	State	Zip Code	<input type="checkbox"/> Spouse deceased in 2005		

Do you need Idaho income tax forms mailed to you next year? ☐ Yes ☐ No

**Filing status** If filing married joint or separate return, enter spouse's name and social security number above.

1. ☐ Single
2. ☐ Married filing joint return
3. ☐ Married filing separate return
4. ☐ Head of household
5. ☐ Qualifying widow(er)

**6. Exemptions** Enter the same number claimed on federal return.

- a. ☐ Yourself
  - b. ☐ Spouse
  - c. ☐ Other dependents
  - d. ☐ Total exemptions
- If parents, or someone else, can claim you (or your spouse) as dependents, enter "0."

**Election campaign fund**

I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).

- |                                       |                          |                                      |                          |
|---------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 7. Yourself                           | 8. Spouse                | 7. Yourself                          | 8. Spouse                |
| Constitution <input type="checkbox"/> | <input type="checkbox"/> | Republican <input type="checkbox"/>  | <input type="checkbox"/> |
| Democratic <input type="checkbox"/>   | <input type="checkbox"/> | No Specific <input type="checkbox"/> | <input type="checkbox"/> |
| Libertarian <input type="checkbox"/>  | <input type="checkbox"/> | None <input type="checkbox"/>        | <input type="checkbox"/> |
| Natural Law <input type="checkbox"/>  | <input type="checkbox"/> |                                      |                          |

ATTACH PAYMENT HERE	<b>INCOME. See instructions, page 6.</b>					
	9. Enter your federal adjusted gross income from federal Form 1040, line 36; federal Form 1040A, line 21; or federal Form 1040EZ, line 4. Attach a complete copy of your federal return. ....			9	00	
	10. Additions from Form 39R, Part A, line 7. Attach Form 39R. ....			10	00	
	11. Total. Add lines 9 and 10. ....			11	00	
	12. Subtraction from Form 39R, Part B, line 22. Attach Form 39R. ....			12	00	
	13. TOTAL ADJUSTED INCOME. Subtract line 12 from line 11. ....			13	00	
	If you have an NOL and are electing to forego the carryback period, check here. <input type="checkbox"/>					
	<b>TAX COMPUTATION. See instructions, page 6.</b>					
	ATTACH STATE W-2 COPIES HERE	<b>Standard Deduction For Most People</b>  Single or Married filing Separately: \$5,000  Head of Household: \$7,300  Married filing Jointly or Qualifying Widow(er): \$10,000	14. CHECK—	a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 20 and 40. <input type="checkbox"/>		
			15. Itemized deductions. Attach federal Schedule A. Federal limits apply. ....	15	00	
16. All state and local income or general sales taxes included on federal Schedule A, line 5 .....			16	00		
		17. Subtract line 16 from line 15. If you do not use federal Schedule A, enter zero. ....	17	00		
		18. Standard deduction. See instructions, page 7, if you checked any box on line 14. ....	18	00		
		19. Subtract the LARGER of line 17 or 18 from line 13. If less than zero, enter zero. ....	19	00		
		20. Multiply \$3,200 by the number of exemptions claimed on line 6d. Federal limits apply. ....	20	00		
		21. Taxable income. Subtract line 20 from line 19. If less than zero, enter zero. ....	21	00		
		22. Tax from tables or rate schedule. See instructions, page 34. ....	22	00		

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056  
ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.

23. Tax amount from line 22.										23		00
<b>CREDITS. Limits apply. See instructions, page 8.</b>												
24. Income tax paid to other states. Attach Form 39R and a copy of the other state return(s).										24		00
25. Credit for contributions to Idaho educational entities										25		00
26. Credit for contributions to Idaho youth and rehabilitation facilities										26		00
27. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44.										27		00
28. TOTAL CREDITS. Add lines 24 through 27.										28		00
29. Subtract line 28 from line 23. If line 28 is more than line 23, enter zero.										29		00
<b>OTHER TAXES. See instructions, page 9.</b>												
30. Fuels tax due. Attach Form 75.										30		00
31. Sales/Use tax due on mail order, Internet, and other nontaxed purchases										31		00
32. Total Tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.										32		00
33. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.										33		00
34. Permanent building fund. Check the box if you are receiving Idaho public assistance payments.										<input type="checkbox"/>	34	10 00
35. TOTAL TAX. Add lines 29 through 34.										35		00
<b>DONATIONS. See instructions, page 9.</b>												
36. I wish to donate to the Nongame Wildlife Conservation Fund.										36		00
37. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.										37		00
38. I wish to donate to the Idaho Guard and Reserve Family Support Fund.										38		00
39. TOTAL TAX PLUS DONATIONS. Add lines 35 through 38.										39		00
<b>PAYMENTS and OTHER CREDITS. See instructions, page 9.</b>												
40. Grocery credit. \$20 per person claimed on line 6d										40		00
41. Additional grocery credit. \$15 per person 65 or older claimed on line 14a										41		00
42. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R.										42		00
43. Special fuels tax refund Gasoline tax refund Attach Form 75.										43		00
44. Idaho income tax withheld. Attach Form(s) W-2.										44		00
45. 2005 Form 51 payment(s) and amount applied from 2004 return										45		00
46. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 40 through 45.										46		00
<b>TAX DUE or REFUND. See instructions, page 10.</b>												
<b>If line 39 is more than line 46, GO TO LINE 47. If line 39 is less than line 46, GO TO LINE 50.</b>												
47. TAX DUE. Subtract line 46 from line 39.										47		00
48. Penalty Interest from the due date Enter total										48		00
Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account.										<input type="checkbox"/>		
49. TOTAL DUE. Add lines 47 and 48. Make check or money order payable to the Idaho State Tax Commission.										49		00
50. OVERPAID. Line 46 minus lines 39 and 48.												
This is the amount you overpaid.										50		00
51. REFUND. Amount of line 50 to be refunded to you.										51		00
52. ESTIMATED TAX. Amount of line 50 to be applied to your 2006 estimated tax.										52		00
53. <b>DIRECT DEPOSIT. See instructions, page 11.</b>												
Routing No.										Account No.		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.</b>												
54. Total tax due (line 49) or overpayment (line 50) on this return										54		00
55. Refund from original return plus additional refunds										55		00
56. Tax paid with original return plus additional tax paid										56		00
57. Amended tax due or refund. Add lines 54 and 55 and subtract line 56.										57		00
<input type="checkbox"/> Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.												
SIGN HERE	Your signature					Date		Paid preparer's signature		Preparer's EIN, SSN, or PTIN		
	Spouse's signature (if a joint return, BOTH MUST SIGN)					Daytime phone		Address and phone number				



2005

## IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

FORM 39R  
TC39R1  
5-20-05\_v2

For calendar year 2005, or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name(s) as shown on return

Social Security Number

**A. Additions. See instructions, page 19.**

1. Federal net operating loss carryover included in line 9, Form 40 .....	1	00
2. Capital loss carryover incurred outside the state before becoming an Idaho resident .....	2	00
3. Non-Idaho state and local bond interest and dividends .....	3	00
4. Idaho college savings account withdrawal .....	4	00
5. Bonus depreciation. Attach computations. ....	5	00
6. Other additions. Attach explanation. ....	6	00
7. Total additions. Add lines 1 through 6. Enter on line 10, Form 40.	7	00

**B. Subtractions. See instructions, page 19.**

1. Idaho net operating loss carryover									1	00
Idaho net operating loss carryback									2	00
2. State income tax refund if included in federal income									3	00
3. Interest from U.S. Government obligations									4	00
4. Insulation of Idaho residence										
5. Alternative energy devices deduction.										
								</		

**C. Retirement Benefits Deduction. See instructions, page 23, for qualified retirement benefits.**

1. If single enter \$23,268, or if married filing jointly enter \$34,902 .....	1	00
2. Federal Railroad Retirement benefits received .....	2	00
3. Social Security benefits received .....	3	00
4. Line 1 minus lines 2 and 3. If less than zero enter zero. ....	4	00
5. Qualified retirement benefits included in federal income. ....	5	00
6. Enter the smaller of line 4 or 5 here and on line 8, Part B.	6	00

**SCHEDULE F  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ **Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.**

▶ **See Instructions for Schedule F (Form 1040).**

OMB No. 1545-0074

**2005**

Attachment  
Sequence No. **14**

Name of proprietor

Social security number (SSN)

**A** Principal product. Describe in one or two words your principal crop or activity for the current tax year.

**B** Enter code from Part IV

**C** Accounting method: (1) ☐ Cash (2) ☐ Accrual

**D** Employer ID number (EIN), if any

**E** Did you "materially participate" in the operation of this business during 2005? If "No," see page F-2 for limit on passive losses. ☐ Yes ☐ No

**Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)**

**Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

1	Sales of livestock and other items you bought for resale . . . . .	1			
2	Cost or other basis of livestock and other items reported on line 1 . . . . .	2			
3	Subtract line 2 from line 1 . . . . .	3			
4	Sales of livestock, produce, grains, and other products you raised . . . . .	4			
5a	Cooperative distributions (Form(s) 1099-PATR) . . . . .	5a			
5b	Taxable amount . . . . .	5b			
6a	Agricultural program payments (see page F-2) . . . . .	6a			
6b	Taxable amount . . . . .	6b			
7	Commodity Credit Corporation (CCC) loans (see page F-3):				
a	CCC loans reported under election . . . . .	7a			
b	CCC loans forfeited . . . . .	7b			
7c	Taxable amount . . . . .	7c			
8	Crop insurance proceeds and Federal crop disaster payments (see page F-3):				
a	Amount received in 2005 . . . . .	8a			
8b	Taxable amount . . . . .	8b			
c	If election to defer to 2006 is attached, check here ▶ <input type="checkbox"/> . . . . .	8d			
8d	Amount deferred from 2004 . . . . .	8d			
9	Custom hire (machine work) income . . . . .	9			
10	Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3) . . . . .	10			
11	<b>Gross income.</b> Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 . . . . . ▶	11			

**Part II Farm Expenses—Cash and Accrual Method.**

**Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.**

12	Car and truck expenses (see page F-4—also attach <b>Form 4562</b> ) . . . . .	12			
13	Chemicals . . . . .	13			
14	Conservation expenses (see page F-4) . . . . .	14			
15	Custom hire (machine work) . . . . .	15			
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4) . . . . .	16			
17	Employee benefit programs other than on line 25 . . . . .	17			
18	Feed purchased . . . . .	18			
19	Fertilizers and lime . . . . .	19			
20	Freight and trucking . . . . .	20			
21	Gasoline, fuel, and oil . . . . .	21			
22	Insurance (other than health) . . . . .	22			
23	Interest:				
a	Mortgage (paid to banks, etc.) . . . . .	23a			
b	Other . . . . .	23b			
24	Labor hired (less employment credits) . . . . .	24			
25	Pension and profit-sharing plans . . . . .	25			
26	Rent or lease (see page F-5):				
a	Vehicles, machinery, and equipment . . . . .	26a			
b	Other (land, animals, etc.) . . . . .	26b			
27	Repairs and maintenance . . . . .	27			
28	Seeds and plants . . . . .	28			
29	Storage and warehousing . . . . .	29			
30	Supplies . . . . .	30			
31	Taxes . . . . .	31			
32	Utilities . . . . .	32			
33	Veterinary, breeding, and medicine . . . . .	33			
34	Other expenses (specify):				
a	.....	34a			
b	.....	34b			
c	.....	34c			
d	.....	34d			
e	.....	34e			
f	.....	34f			

**35 Total expenses.** Add lines 12 through 34f . . . . . ▶ **35**

**36 Net farm profit or (loss).** Subtract line 35 from line 11. **36**

• If a profit, enter on **Form 1040, line 18**, and also on **Schedule SE, line 1**.

• If a loss, you **must** go on to line 37. Estates, trusts, and partnerships, see page F-6.

**37** If you have a loss, you **must** check the box that describes your investment in this activity (see page F-6).

• If you checked 37a, enter the loss on **Form 1040, line 18**, and also on **Schedule SE, line 1**.

• If you checked 37b, you **must** attach **Form 6198**. Your loss may be limited.

**37a** ☐ All investment is at risk.

**37b** ☐ Some investment is not at risk.

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$105,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty Zone property (other than listed property) placed in service during the tax year . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. . . . .	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty Zone listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:		%				S/L –		
		%				S/L –		
		%				S/L –		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1.							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2005 tax year.				<b>43</b>	
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report.				<b>44</b>	



**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$105,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty Zone property (other than listed property) placed in service during the tax year . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. . . . .	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty Zone listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:		%				S/L –		
		%				S/L –		
		%				S/L –		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1.							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2005 tax year.				<b>43</b>	
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report.				<b>44</b>	

